

Cost Share Calculation and Practice Verification for Nonpoint Source Water Pollution Abatement Program

Form 3200-053 (R 7/01)

Notice: This form is authorized by s. 281.65, Wis. Stats., and ch. NR 120, Wis. Adm. Code. Completion of this form is mandatory. Failure to submit a completed form to the Department will result in the denial of grant funds. Personal information collected on this form will be used for administering this program. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Grant Information

Grant Number	CSA Number	Priority Watershed Project	County
Recipient Last Name		First	Middle Initial
Street Address			

City	State	ZIP Code
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Cost Share Calculation

* Under "BMP Complete" enter data as follows:

- Place N if there are more of this type of practice on this agreement to install.
- Place Y if these units complete the installation of this practice for this agreement. Explain below or on the back any difference between CSA and installed units for completed BMP.

BMP = Best Management Practice
CSA = Cost Share Agreement

BMP Code	BMP Name	CSA AMD	Units in Contract	Units Installed	Total Cost of Practice	State Cost Share %	State Cost Share For Practice	Date Completed	BMP Complete*

TOTAL

Check Number	Check Date YY - MM - DD	Amount Paid

Explain any difference between CSA and installed units for completed BMP (continue on back if necessary)

Practice Verification

I verify the above practice or practices and practice units have been installed in accordance with the appropriate standards and specifications.

Signature of Authorized Representative	Date Signed
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